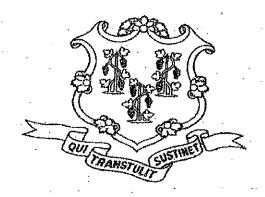
# **State of Connecticut**



# Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as	licensed)					···,		<u>.</u>	
Spectrum Healthcare Torrington									
Address (No. & Stree	et, City, State,	Zip Code)				•			
225 Wyoming Ave T	orrington, CT	06790	•						
Type of Facility									
Chronic and Convalescent Rest Home with Nursing									
mm =					(Specify)				
(CCNH)			(RHNS)						
Report for Year Begin	nning		Report for Year	Ending		****			
10/1/2014			9/30/2015	C					
J					<del>trumples or .</del>	; ·			
License Numbers:	se Numbers: CCNH 2248		RHNS (Specify)		(Specify)			dicare Provider 07-5204	
	· · · · · ·	1		4.4		······································			
Medicaid Provider Nu	ımbers:	CC 20024	NH	RH	INS		IC	ICF-IID	
For Department Use	Only								
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Nu Assigne		Signed a	nd Notariz	ed	Date Received	
				•					

# **Table of Contents**

	eneral Information - Administrator's/Owner's Certification	1
Ge	eneral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Ge	neral Information and Questionnaire - Type of Facility - Organization Structure	2
Ge	neral Information and Questionnaire - Partners/Members	3
Ge	neral Information and Questionnaire - Corporate Owners	3A
Ge	neral Information and Questionnaire - Individual Proprietorship	3B
Ge	neral Information and Questionnaire - Related Parties	4
Ge	neral Information and Questionnaire - Basis for Allocation of Costs	5
Ge	neral Information and Questionnaire - Leases	6
Ge	neral Information and Questionnaire - Accounting Basis	7
	nedule of Resident Statistics	8
Scl	nedule of Resident Statistics (Cont'd)	9
Α.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
<u>C.</u> .	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
************	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd):	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G,	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
Ī.	Preparer's/Reviewer's Certification	37
		<u> </u>

General	Information
~~~~~~	

	Name of Positive (- 1)	T. T			
	Name of Facility (as licensed)	License No.	Report for Year Ended	· Doso	
- 1	Connection I Continue on		Exchort for 1 car isinged	Page	OI
- 1	Spectrum Healthcare Torrington	2248	9/30/2015	1 1	277
ł		1 2210	2/30/2013		3.1

# Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Spectrum Healthcare Torrington [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date 2/11/16		Date 2/11/11
Printed Name (Administrator) Kimberly Coleman			Printed Name (Owner) Sean Murphy	
Subscribed and Sworn to before me:	State of Connecticut	Date 2/11/16	·	Comm. Expires
Address of Notary Public 141 Vienna St	)	Nanch	The state of the s	12

(Notary Seal)

State of Connecticut Annual Report of Long-Term Care Facility CSP-1A Rev. 6/95

# State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	stm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered;	From	То
Spectrum Healthcare Torrington				10/1/2014	9/30/2015
Address of Facility 225 Wyoming Ave Torrington, CT 06790					
Report Prepared By Gennaro Evangelista	,,	Phone Nun 860-871-54		Date 2/1/2016	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

State of Connecticut

Annual Report of Long-Term Care Facility
CSP-2 Rev. 10/2005

# General Information and Questionnaire Type of Facility - Organization Structure

	Ph	ione No. of Fac	cility	Report for Ye	ar Ended	Page	Γ	of
	86	0 482-8563		9/30/2015		2		37
Name of Facility (as shown on license)		Address (No	o. &	Street, City, Sta	te, Zip)			
Spectrum Healthcare Torrington			ng A	ve Torrington,	CT 0679			
CCNH		RHNS		(Specify)		Medicare I	rovi	der No.
License Numbers: 224	-8		l			07-5204		
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)		st Home with lapervision only			(Specify)	)		
Type of Ownership (Check appropriate box)								***************************************
O Proprietorship O LLC O Partnership		Profit Corp.		Non-Profit Corp		Government	0,	Trust
If this facility opened or closed during report year provi	de:		Date	e Opened	Date Clo	sed		
Has there been any change in ownership		"		···				
or operation during this report year?	0	Yes	•	No :	If "Yes,"	explain full	у	
Administrator								
Name of Administrator				Nursing Ho				
Kimberly Coleman				Administrate		1856		
Other Orange and Orang	<u> </u>			License N	0.:	<del></del>		<u>.</u>
Other Operators/Owners who are assistant administrator Name	s (Iul	ll or part time)	of th					
realite				License N	0.:			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

# General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Spectrum Healthcare Torringt	LOII	1 2248	9/30/2015	C4-4-(-)	3 37
Legal Name of Par		Business A	Address		l/or Town(s) in Registered
Spectrum Healthcare Torringt	27 Naek Road, ` 06066	Vernon, CT Torrington, C			
Name of Partners/Members	Business Ac	ldress		l'itle	% Owned
Howard Dickstein	27 Naek Road, Vernon	, CT 06066	President &	CEO	65
Brian Dickstein	27 Naek Road, Vernon	, CT 06066	VP, Operation	ons	17.5
Sean Murphy	27 Naek Road, Vernon	, CT 06066	CFO		17.5
		·			
					!

State of Connecticut Annual Report of Long-Term Care Facility CSP-3A Rev. 10/2005

# General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Yea	r Ended	Page	of
Spectrum Healthcare Torrington	2248	9/30/2015		3A	37
If this facility is owned or operated as a corp	poration, provide	the following info	rmation:		
Legal Name of Corporation		ness Address	State(s) in V	Vhich Incorp	orated
Name of Directors, Officers	Busii	ness Address	Title	No. Si Held by	
·					
		the block control of the property of			
		,			
.ar					
Names of Stockholders Owning at Least 10% of Shares					

State of Connecticut Annual Report of Long-Term Care Facility CSP-3B Rev. 10/2005

# General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Spectrum Healthcare Torrington	2248	9/30/2015	3B	37
If this facility is owned or operated as an individua	al proprietorship, p	rovide the following informat	ion:	
· Ow	ner(s) of Facility			
<b>100</b>				
	TTS			
· · · · · · · · · · · · · · · · · · ·				
			•	
	مهمينين مستعد			
			*****	
· · · · · · · · · · · · · · · · · · ·			<del></del>	·
		- turksi		
·			*****	
		***************************************		
TO AND THE STATE OF THE STATE O	72.			
	-			
	•			

State of Connecticut Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005

# General Information and Questionnaire Related Parties\*

Name of Facility Spectrum Healthcare Torrington	rtington	License No. 224	e No. 2248	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece marriage, ability to contr	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	facility re	slated through	Yes © No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e Name/Ade attion on Pa	fress and ge 11 of the report.
Are any individuals or or including the rental of pr related through family as	Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	s or servito this fi	ices, acility, or business	⊙ Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this f	acility?		If "Yes," provide the following information:	e following	information:
		Als	Also Provides		Indicate Where		
Name of Related	Business	Good Non-R	Goods/Services to Non-Related Parties	Description of Goods/Services	Costs are Included in Annual Renort	ts c	Actual Cost to the
Individual or Company	Address	Yes	% oN	Provided	Page #/Line #	Reported	Related Party
TIC	27 Naek Rd., Vernon, CT 06066	0	•	Management Company	Page 16 Line 1m12		
Spectrum Healthcare Manchester	565 Vernon St Manchester, CT 06040	0	0	Dietician	Page 34 Line 3	326	326
Spectrum Healthcare Derby	211 Chatfield St Derby, CT 06418	0	•	Dietician	Page 34 Line 3	799	799
Spectrum Healthcare Derby	211 Chatfield St Derby, CT 06418	0	•	MDS	Page 34 Line 3	539	539
Spectrum Healthcare Derby	Spectrum Healthcare Derby 211 Chatfield St Derby, CT 06418	0	•	Social Services	Page 10 Line al2m	3.770	3.770
		0	0				
		0	0				
		0	0				
		0	0		· · · · · · · · · · · · · · · · · · ·		

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

State of Connecticut

Annual Report of Long-Term Care Facility
CSP-5 Rev. 9/2002

# General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	Lice	ense No	 }.		Report for Year Ended	Page		of		
Spectrum Healthcare Torrington		2248			9/30/2015	5		37		
If the facility is licensed as CDH and/or RCH of	r pro	vides A	VID	S or TF	. 1		CO8			
must be allocated to CCNH and RHNS as follo	ws:				with special filedical	a races,	000	••		
Item		***************************************	Method of Allocation							
Dietary			Ν̈́υ	mber o	f meals served to residents					
Laundry			Nu	mber o	f pounds processed					
Housekeeping		····			f square feet serviced			· · ·		
			Nu	mber o	f hours of routine care provided	by EAG	Н			
Nursing			em	ployee	classification, i.e., Director (or	Charge	Nur	se),		
					Nurses, Licensed Practical Nu					
			Att	tendants	<b>5</b>					
Direct Resident Care Consultants			Nu	mber of	f hours of resident care provided	d by EA	CH	······································		
			spe	cialist	(See listing page 13)					
Maintenance and operation of plant				uare fee						
Property costs (depreciation)			Sqı	ıare fee	t					
Employee health and welfare			Gro	oss sala	ries					
Management services Appropriate cost center involved										
All other General Administrative expenses Total of Direct and Allocated Costs										
The preparer of this report must answer the following quest				s applic	able to the cost information pro	vided.				
1. In the preparation of this Report, were all Q Voc Q No If "No," explain fully why such allocation wa						was				
costs allocated as required?  O Yes O No not made.										
	AROL HARLE.									
								·····		
<ol><li>Explain the allocation of related company ex</li></ol>	pense	es and a	tta	ch copy	of appropriate supporting data					
3. Did the Facility appropriately allocate and se	lf-dis	sallow c	lire	ct and i	ndirect costs to non-nursing ho	me cost	cen	ters?		
(e.g., Assisted Living, Home Health, Outpation	ent S	ervices,	, Ac	dult Day	y Care Services, etc.)					
	<b>O</b> 1	Vec	$\cap$	No	If "No," explain fully why such	ı allocat	ion	was		
		103		110	not made.					
								- 1		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 9/2002

# General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Dage
Spectrum Healthcare Torrington			2248	9/30/2015			_
	Relate	Related * to					$\parallel$
	Owners,	iers,					·
	Oper	Operators,				Annual	
	Officers	cers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	Š	Description of Items Leased	Lease**	Lease	ofLease	Claimed
Accelerated Care Plus Corp 4850 Joule St Suite A-1 Reno, NV 89502	0	•	PT Equipment	06/01/12			13 532
	0	0	The state of the s				
	0	0					
	0	0					
	٥	0					
	0	0					
	0	0					
	0	0	THE PROPERTY OF THE PROPERTY O				
	0	0	499				
-	(	(	The state of the s				
-	>	0					

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also. Is a Mileage Log Book Maintained for All Leased Vehicles?

Total \*\*\*

% 0

O Yes

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

# General Information and Questionnaire Accounting Basis

Name of Facility L	icense No.	Report for Year Ended		D	
Spectrum Healthcare Torrington	2248	9/30/2015		Page 7	of
		were maintained on the following basis;			37.
[ _		wood mannamed on the following basis,			
	Iodified Cash				
Is the accounting basis for this		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
period the same as for the OY		If "No," explain.			
previous period? O N	0				
					-
					***************************************
Independent Accounting Firm	· · · · · · · · · · · · · · · · ·	<u> </u>			
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	)		
1 MidCap Funding					
2 3					
4				١	
Services Provided by This Firm (descr	iba Gillu)				
	toe july )				
1 Due Diligence Exam			\$	13,492	
2			\$		
3			\$	***************************************	
4			s		
			Charge for S	ervices Provid	ded
			\$	13,492	
Are These Charges Reflected in the Expenditu	re Portion of This Report? If Ye	s, Specify Expense Classification and Line No.	1 4	15,492	
O Yes O No Pa	ge 15 line 1d				
Legal Services Information				1200	
Name of Legal Firm or Independent At	tomey		Telephone N	umber	
1 Treasurer, State of CT/Donald W.			1		
2 Michalik, Bauer, Silva & Ciccarill	o LLP				İ
3 Midcap Funding					ĺ
4 Murtha Cullina					
5 Carmody, Torrance, Sandak, Henn				·	
Address (No. & Street, City, State, Zip	Code)				
1 25 Bood 54 Suite 200 M. D. It. 1	CVT				
2 35 Pearl St Suite 300 New Britain,	CI				
PO Box 704, Two Whitney Ave., 1	Now House CT 86062				ŀ
TO BOX 704, TWO WILLIES AVE., I	rew Haven, CT 00055				
Services Provided by This Firm (descri	he fully)				
			·		
Conservator			- \$	432	
Collections			\$	3,511	
Loan Amendments			\$	12,330	
Collections			\$	666	
Collections			\$	355	
	····		Charge for Se	ervices Provid	ed
			\$	17,293	
are These Charges Reflected in the Expenditure	Portion of This Report? If Yes	Specify Expense Classification and Line No.		,	-
	e 15 Line 1e				
O 100					
	····				

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

# Schedule of Resident Statistics

Name of Facility Spectrum Healthcare Torrington			License No. 224	No. 2248			Report for 9/30/2015	Report for Year Ended 9/30/2015			Page	jo 3.7
						Period 10/1 Thru 6/30	1 Thru 6/	02		Period 7/1 Thru 9/30	Thru 9/3	
	Total All	Total	Total	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHNS	(Specify)	Total	HNOO	DHNG	(Greatha)
1. Certified Bed Capacity			*					(Crana)			CATTAN	(Shecity)
<ul> <li>A. On last day of PREVIOUS report period</li> </ul>	126	126			126	126			126	126		
B. On last day of THIS report period	126	126			126	136			3 2	3 3		
2. Number of Residents				ļ					071	071		
A. As of midnight of PREVIOUS report period	115	115			115	115			13	193		
B. As of midnight of THIS report period	105	105			103	102			36.	3		
3. Total Number of Days Care Provided During Period									Sort	COL		
A. Medicare	6,580	6,580			5,045	5,045			1 535	1 535		
B. Medicaid (Conn.)	30,693	30,693			23,000	23,000			7,693	7,697		
C. Medicaid (other states)										2006		
D. Private Pay	2,119	2,119			1.595	1.595			207	25		
E. State SSI for RCH									170	47°C		
F. Other (Specify)	1,487	1,487			1,055	1,055			C27	432		
G. Total Care Days During Period (3A thru F)	40,879	40,879			30.695	30.695			10 16	201.02		
Total Number of Days Not Included in Figures in 3G									10,10	10,104		
<ol> <li>for Which Revenue Was Received for Reserved Beds</li> </ol>												
A. Medicaid Bed Reserve Days	•										***************************************	
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	40,879	40,879			30,695	30,695			10,184	10.184		
	!											

# State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	ility			Lice	nse No.				Repo	rt for Year	Ended		Page	of
Spectrum He	althcare	Torring	gton	] .	2248					9/30/201	5		9	37
			in the certified		apacity d	uring	the rep	ort ye	аг?	0	Yes	•	No No	
H TES	7		llowing informa	ation:										
			f Change	<u> </u>		nange	in Bed			Ca	pacity At	fter Change	1	
Date of	CCNH	RHNS	(Specify)	L	Lost	1		Gaine	đ					
Change	(1)	(2)	(2)	(1)	(2)	(2)	(1)	(2)	. (2)	CCNTT	Dinio	(0.10)	_	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason	for Change
		- ,,					-							*·····
17											•	†		
		}												
			in certified bed			g the r	eport y	ear (a	s repo	rted in iter	n 4 above	e) provide the m	umber of	
KESIDE	INI DA	YS for	90 days followir	ig the	change.	<del></del>				Τ-				***
			Change in Re	esiden	t Dave						NH	RHNS	(Sp.	ecify)
1st chang	ge			00141021	a Days						1111	KIIIVS	(Sp.	cony
2nd chan												•		
3rd chang														
4th chang			J.D.,		20 00	. 77				L			<u></u>	
6. Number	oi Kesig	ents and	d Rates on Septe Medicare	mber	30 of Co Medic		ar			0-	le n		Other Circ	
		F	Medicare		Medic	aia				<u> </u>	lf-Pay	}	Other Sta	te Assisted
	Item	1	CCNH	C	CNH	RH	INS	CC	NH	RH	NS	(Specify)	R.C.H.	ICF-MR
No. of Re			18		84		., .,	- 00	3		111	(Specify)	K.C.II.	ICI-IVIIC
Per Diem	Rate	100			1000		AND SERVICE			HELETERATER				AUDICIDE NO PROPERTY
			<b>张的时候到1985</b> 的位置	<b>企画的</b>		(4) (A) (A)	器加度器。	制度的	可除記錄		<b>张斯斯斯</b>	HOLES CARDON DESIGNATION		
a. One be	ed rm.								<b>建筑</b>					
a. One be b. Two b	ed rm. ed rms.				235.92			4	20-435					
a. One be b. Two b c. Three	ed rm. ed rms, or more				235.92			4						
a. One be b. Two b	ed rm. ed rms, or more				235.92			4	380.00					
a. One be b. Two b c. Three	ed rm. ed rms, or more				235.92			4						
a. One be b. Two b c. Three bed rr	ed rm. ed rms. or more ns.			ments	235.92			4		TOT	`AI.	CCNH	RHNS	(Specify)
a. One be b. Two b c. Three bed rr  7. Total Nur	ed rm. ed rms. or more ns.  nber of Medicar	Physica e - Part	l Therapy Treati B	nents	235,92			4		ТОТ	`AL 4,091	CCNH 4,091	RHNS	(Specify)
a. One be b. Two b c. Three bed rr  7. Total Nur A. I	ed rm. ed rms, or more ns.  mber of Medicar Medicai	Physica re - Part d (Excli	l Therapy Treati B usive of Part B)	nents	235.92			4		ТОТ		CCNH 4,091	RHNS	(Specify)
a. One be b. Two b c. Three bed rr  7. Total Nur A. I	ed rm. ed rms, or more ns.  mber of Medicar Medicai I. Main	Physica e - Part d (Exclutenance	l Therapy Treati B usive of Part B)	nents	235.92			4	380.00	TOI		4,091		
a. One be b. Two b c. Three bed rr  7. Total Nur A. I B. I	ed rm. ed rms, or more ns.  mber of Medicar Medicai 1. Main 2. Resto	Physica e - Part d (Exclutenance	l Therapy Treati B usive of Part B)	nents	235.92			4		TOI	4,091 1,066	4,091 1,066		
a. One be b. Two b c. Three bed rr  7. Total Nur A. I B. I	ed rm. ed rms, or more ns.  mber of Medicar Medicai 1. Main 2. Resto	Physica re - Part d (Exclutenance prative 1	I Therapy Treati B usive of Part B) Treatments Treatments	and wy	235.92			4	380.00	ТОТ	4,091 1,066 464	4,091 1,066 464		
a. One be b. Two b c. Three bed rr  7. Total Nur A. 1 B. 1 C. C. C. C. D. 2	ed rm. ed rms. or more ns.  mber of Medicar Medicai I. Main 2. Resto Other	Physica e - Part d (Exclutenance prative T	I Therapy Treati B usive of Part B) Treatments Treatments	nents	235.92			4	380.00	ТОТ	4,091 1,066	4,091 1,066		
a. One be be Two be c. Three bed r.  7. Total Nur. A. I. B. I. C. C. C. D. Z.  8. Total Nur. A. I.	ed rm. ed rms. or more ns.  mber of Medicar Medicai I. Main 2. Resto Other Total PI nber of Medicar	Physica e - Part d (Exclutenance orative T hysical T Speech	I Therapy Treating Busive of Part B) Treatments Treatments Therapy Treatm Therapy Treatm B	nents	235.92			4	380.00	TOI	4,091 1,066 464	4,091 1,066 464		
a. One he b. Two b c. Three bed rr 7. Total Nur A. I B. I C. C D. 7 8. Total Nun A. I B. N	ed rm. ed rms. or more ns.  mber of Medicar Medicai 1. Main 2. Resto Other Total PI nber of Medicar Medicar	Physica e - Part d (Exclutenance orative T hysical T Speech ' e - Part d (Exclu	I Therapy Treate Busive of Part B) Treatments Treatments Therapy Treatme Therapy Treatme Busive of Part B)	nents	235.92			4	380.00	TOI	1,066 464 5,621	4,091 1,066 464 5,621		
a. One he b. Two b c. Three bed m 7. Total Num A. I B. I C. C D. 2 8. Total Num A. I B. N	ed rm. ed rms. or more ns.  mber of Medicar Medicai 1. Main 2. Resto Other Total PI nber of Medicar Medicar Medicar Medicar Medicar Medicar Medicar Medicar	Physica e - Part d (Exclutenance orative T hysical I Speech ' e - Part d (Exclutenance	I Therapy Treate Busive of Part B) Treatments Treatments Therapy Treatm Therapy Treatm Busive of Part B)	nents	235.92			4	380.00	TOT	1,066 464 5,621	4,091 1,066 464 5,621		
a. One be b. Two b c. Three bed m  7. Total Num A. I B. I C. C. C. D. 7  8. Total Num A. I B. N 1	ed rm. ed rms. or more ns.  mber of Medicar Medicai 1. Main 2. Resto Other Total Pi nber of Medicar	Physica e - Part d (Exclutenance orative T hysical I Speech ' e - Part d (Exclutenance	I Therapy Treate Busive of Part B) Treatments Treatments Therapy Treatme Therapy Treatme Busive of Part B)	nents	235.92			4	380.00	ТОТ	4,091 1,066 464 5,621 101	4,091 1,066 464 5,621 101		
a. One he b. Two b c. Three bed m 7. Total Num A. I B. I C. C D. 2 8. Total Num A. I B. N C. C C. C C. C	ed rm. ed rms. or more ns.  mber of Medicar Medicai 1. Main 2. Resto Other Total PI nber of Medicar Medicai 2. Resto Other	Physica e - Part d (Exclutenance orative T  hysical (Speech e - Part d (Exclutenance orative T	I Therapy Treate Busive of Part B) Treatments Treatments Therapy Treatm Therapy Treatm Busive of Part B) Treatments	ents ents	235.92			4	380.00	ТОТ	4,091 1,066 464 5,621 101 47	4,091 1,066 464 5,621 101 47		
a. One he b. Two b c. Three bed rr  7. Total Nur A. I B. I C. C D. 2 8. Total Nun A. I C. C C C C C C C C C C C C C C C C C C	ed rm. ed rms. or more ms.  mber of Medicar Medicai 1. Main 2. Resto Other Medicar	Physicane - Part d (Exclutenance orative Thysical Assessment of the Part d (Exclutenance orative Theech The	I Therapy Treate B usive of Part B) Treatments Treatments Therapy Treatm B usive of Part B) Treatments Treatments Treatments Treatments	ents ents				4	380.00	TOI	4,091 1,066 464 5,621 101	4,091 1,066 464 5,621 101		
a. One he b. Two b c. Three bed rr  7. Total Nur A. I B. I C. C D. 7  8. Total Nun A. I B. N 1 2 C. C C D, 7  9. Total Nur	ed rm. ed rms. or more ms.  mber of Medicar Medicai 1. Main 2. Resto Other Medicar	Physicane - Part d (Exclutenance prative The Part d (Exclutenance	I Therapy Treate B usive of Part B) Treatments Treatments Therapy Treatm B usive of Part B) Treatments Treatments Treatments Treatments Treatments Treatments	ents ents				4	380.00	TOI	4,091 1,066 464 5,621 101 47 5 153	4,091 1,066 464 5,621 101 47 5 153		
a. One he b. Two b c. Three bed rr  7. Total Nur A. I B. I C. C D. 7  8. Total Nur A. I B. N 1 2 C. C C D, 1 9. Total Nur A. N B. N B	ed rm. ed rms. or more ms.  mber of Medicar Medicai I. Main 2. Resto Other Total PI mber of S Medicar	Physica e - Part d (Exclutenance brative T Speech e - Part d (Exclutenance brative T Decupat e - Part d (Exclutenance	I Therapy Treate B usive of Part B) Treatments Treatments Therapy Treatm B sive of Part B) Treatments	ents ents				4	380.00	TOT	4,091 1,066 464 5,621 101 47	4,091 1,066 464 5,621 101 47		
a. One he b. Two b c. Three bed rr  7. Total Nur A. I B. I C. C D. Z  8. Total Nun A. I B. N 1 2 C. C D. Z  9. Total Nur A. M B. M B. M	ed rm. ed rms. or more ms.  mber of Medicar	Physical e - Part d (Exchutenance orative Theorem Theo	I Therapy Treate B usive of Part B) Treatments Treatments Therapy Treatm B usive of Part B) Treatments	ents ents				4	380.00	TOT	4,091 1,066 464 5,621 101 47 5 153	4,091 1,066 464 5,621 101 47 5 153		
a. One he b. Two b c. Three bed rr  7. Total Nur A. I B. I C. C D. 2 8. Total Num A. I B. N 1 2 C. C D. 7 9. Total Num A. M B. M 1 2	ed rm. ed rms. or more ms.  mber of Medicar Medicai I. Main I. Medicar I. Main I. Resto	Physical e - Part d (Exchutenance orative Theorem Theo	I Therapy Treate B usive of Part B) Treatments Treatments Therapy Treatm B sive of Part B) Treatments	ents ents				4	380.00	ТОТ	4,091 1,066 464 5,621 101 47 5 153 3,664	4,091 1,066 464 5,621 101 47 5 153 3,664		
a. One he b. Two b c. Three bed rr  7. Total Nur A. I B. I C. C D. 7  8. Total Nur A. I B. N 1 2 C. C D. 7  9. Total Nur A. M B. M 1 2 C. C C C C C C C C C C C C C C C C C C	ed rm. ed rms. or more ms.  mber of Medicar Medicai I. Main I. Main I. Resto Other Total Sp mber of Medicar	Physica e - Part d (Exclutenance brative T Speech e - Part d (Exclutenance brative T Decupat e - Part d (Exclutenance rative T	I Therapy Treate B usive of Part B) Treatments Treatments Therapy Treatm B usive of Part B) Treatments	ents ents nts	ents			4	380.00	TOI	4,091 1,066 464 5,621 101 47 5 153 3,664	4,091 1,066 464 5,621 101 47 5 153 3,664		

# State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of 152		- Dalaii	<del>.,</del>		1	
Name of Facility	License No.		Report for Yea	r Ended	Page	of
Spectrum Healthcare Torrington	2248		9/30/2015		10	37
Are time records maintained by all individuals receiving co	mpensation?	0	Yes	0	No	
	•		Total Cost a	ad Harring		
ACTION OF THE PROPERTY OF THE	圈	1	Total Cost a	na Mours	<u> </u>	1
		1			Į	
<b>1</b>	amiii.	<b>.</b>	DYDIG		(0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77
A. Salaries and Wages*	CCNH	Hours	RHNS	Hours	(Specify)	Hours
I. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	115,750	2,014	III CHARACKAMANIA			20142041440202000
3. Assistant Administrator (Complete also Sec. IV			and the second second			4.00
of Schedule A1)	3.10.2011/0.001/0.0000	3615030303010055	95-2-bested and activities		NITTO AND	STOCKED HOUSESTA
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	387,188	15,914	CHERNIC PRODUCTIONS	21200243211272532041		
5. Dietary Service	A STATE OF THE PARTY OF THE PAR					
a. Head Dietitian	38,025		CATALON SOUND STREET, SEC. B.	The second secon	THE PROPERTY OF THE PROPERTY O	
b. Food Service Supervisor	67,600					
c. Dietary Workers	396,027	A STORES THAT AND AND AND ALL PARTY OF ANY				
6. Housekeeping Service						
a. Head Housekeeper	<u> </u>					<u> </u>
b. Other Housekeeping Workers	Dieniemanean salema			HE PARTY HE PARTY		
7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance	A5 (01	Section and sectio	Construction of the Constr			
b. Other Maintenance Workers	45,681 37,556	2,070 2,617				
8. Laundry Service				PROPERTY OF THE		
a. Supervisor	HOMEPSET STATES		MARKET CONTRACTOR OF THE PARTY	SALES CONTRACTOR OF THE PARTY O		
b. Other Laundry Workers	-				·	
Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	EALENIE MONTH STATE OF THE STAT	encesses on the second		Nice (text - State Monthly)		
12. Professional Care of Residents	1					
a. Directors and Assistant Director of Nurses	200,114	4,312			Des Millians de la responsa de la r	NAME OF A PARTY AND PARTY AND PARTY.
b. RN						
1. Direct Care	492,196	12,230				
2. Administrative** c. LPN	109,672	2,674				
I. Direct Care	1,204,244	40,897				
2. Administrative**	61,922	1,727				
d. Aides and Attendants	1,617,464	93,802				
e. Physical Therapists	50,195	2,217				
f. Speech Therapists		-,		*****		
g. Occupational Therapists		•				
h. Recreation Workers	119,911	6,742				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***		SEAGRAPHE ASSISTAN				
4. Other (Specify)						
j. Dentists						
k. Pharmacists	<del>                                     </del>			-		
1. Podiatrists	1					<del></del>
m. Social Workers/Case Management	126,890	3,956				
n. Marketing	120,070	,,,,,,,				
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	5,070,435	215,645				

<sup>\*</sup> Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

<sup>\*\*</sup> Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and

Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

\*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

# Schedule of Other Salaries and Wages (Page 10)

	C	CNH	RHI	NS SP	(Spe	ecify)
Position	S	Hours	\$	Hours	\$	Hours
					friftiger a kommung	
			premiorinus custos das S			
ur standing beginning statem i statem in den beginning statem i statem i statem i statem i statem i statem i s Statem i statem i st						
		Charles of the comment of the first				
oral control of the c						

# Schedule of Other Fees (Page 13)

	CC	NH	RH	NS	(Spec	cify)
Service	\$	Hours	\$	Hours	\$	Hours
Physician Services	X 14364	192				
					isate mananilaliyini siribi.	
	\$ 14.364	100	8			
ABBIHDEGINA DALAMARIA DEL ABBIHDEGINA DEL ABBI		SHOULD THE SHOP OF THE SHOP	Armentenes (temperatur)	gardenam didiligrafija		aportonanianian k

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Name of Facility			Assistan	I Administra	Assistant Administrators and Other Related Parties*	Kelate	d Parties	¥.		
	÷			The late.		Report for	Report for Year Ended		Page	ğ
Spectrum Healthcare Torrington				2248		9/30/2015			11	37
		Salary Paid	đ							
	·			Fringe Benefits and/or Other		Potal	I in Where		F	
Name	CCNH	RHINS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners							)			
			_,		·					
	<u>.</u>	_								
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or										
Assistant Administrators who are identified on Page 12).										
7.000										
Control and the control and th										
+ + + + + + + + + + + + + + + + + + +	];									

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Deleted De

		T.	ASSISTAN	Administra	Assistant Administrators and Other Related Parties*	Kelated	Parties*			
name of Faculty (as licensed)				License No.		Report for Year Ended	ear Ended		Раре	J.
Spectrum Healthcare Torrington				2248		9/30/2015			2 2	37
	-	Salary Paid	đ							Š
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHINS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Claimed on Name and Address of All Page 10 Other Employment**	Hours	Compensation
Section III - Administrators***										TO A FORMAT
Ashley LaCaresse PTO Adjustment	-10,385		-			-288 A2	27			
Ilene Berkon-Cardello 10/01/14- 06/22/15	94,075			Standard	Responsible for daily operations of facility.	1,735 A2	S			
Kimberly Coleman 06/22/15- 09/30/15	32,060			Standard	Responsible for daily operations of facility.	567 A2	2			
Section IV - Assistant Administrators										
										-
PATE TO A STATE OF THE STATE OF							-			
*Nic offerman for colours and the colours	100000	A sector to	77							

\*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include all other employment worked during the cost year.

\*\*\* If more than one Administrator is reported, include dates of employment for each.

**B.** Report of Expenditures - Professional Fees

B. Report of F						<b></b>
Name of Facility	License No.		Report for Y	car Ended	Page	. of
Spectrum Healthcare Torrington	22	248	9/30/2015		13	37
	ž.		Total Cost	and Hours		
		İ				
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	ļ					
2. Dentist 3. Pharmacist				,,	•	
	16,025	214				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care b. Other	462,739	7,712				ļ
6. Social Worker						
7. Recreation Worker	ļ					
8. Physicians	N/200					
a. Medical Director (entire facility)	116 150	1 550				
b. Utilization Review	116,150	1,552				
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings)				,		
2. Pharmaceutical Committee						
(Quarterly meetings) 3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						A A CHICAGO
Commit (Specify)		11344805325433				
9. Speech Therapist						
a. Resident Care	20,565	374				
b. Other	20,202	3/1				
10. Occupational Therapist					70	
a. Resident Care	427,032	7,118	E-503510000000000000000000000000000000000		100000000000000000000000000000000000000	
b. Other				. ,,		
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	21,139	384	PERSONAL DESCRIPTIONS OF	AO DESTRUMBERS DE LA COMPENSION DE LA COMPENSION DE LA COMPENSION DE LA COMPENSION DE LA COMPENSION DE LA COMP	STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STA	
2. Administrative***						
b. LPN						
1. Direct Care	5,468	120				
2. Administrative***						
c. Aides	2,675	107	i			
d. Other						
12. Other (Specify)						
See Attached Schedule	14,364	192				
B-13 Total Fees Paid in Lieu of Salaries	1,086,156	17,773				
* Do not include in this section management consultants or services which	must be puncted or	Dans 16 day 14 1	(2 - 3 3 3 3	enaniend informat	! D 14	

<sup>\*</sup> Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

<sup>\*\*</sup> This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

<sup>\*\*\*</sup> Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

# Report of Expenditures Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\*

Name of Facility	License No.	***************************************	Report for	Year Ended	Page	of
Spectrum Healthcare Torrington	2248		9/30/2015		14	37
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers No		nation of Rel	ationship
Prohealth Physicians, 52 Peck Rd., Torrington, CT 06790	Medical Director	0	• NO			<del></del>
The Nurse Network-5 Central Ave, E Hartford, CT 06150	Pool Nursing	0	0		***************************************	
Pharamerica, PO Box 409251, Atlanta, GA 30384	Pharmacy Consultant	0	0			
Amor C. Lomibao, MD., 6 Frey Rd., Canton, CT 06019	Medical Director	0	0			
Steven Yoelson, 161 Mansfield Rd., Harwinton, CT 06791	Medical Staff	0	0			· · ·
Accuscript Consulting Services-276 Cedar Bridge Ave., Lakewild, NJ 08701	Pharmacy Consultant	0	0			
Select Rehabilitation, Inc., 550 Frontage Rd., Suite 2415 Northfield, IL 60093	Contract Therapy	0	0			
Dr. Joseph Brenes-The Hospitalist Company-PO Box 844929, Los Angles, CA 90084-4929	Medical Director	0	0			
Dr. Richard Krinsky-1215 New Litchfield St., Torrington, CT 06790	Pulmonary Consultant	0	0		•	
		0	0			
		0	0	:		
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		- O	0 -			
·		0	0			
		0	0			,
		,o	0			

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

# C. Expenditures Other Than Salaries - Administrative and General

Name	of Facility	License No.		Report for Y	ear Ended	Page	of
Spectr	um Healthcare Torrington	2248		9/30/2015		15	37
			•				
<u> </u>	Item			Total	CCNH	RHNS	(Specify)
1. Ad	ministrative and General						
a.	Employee Health & Welfare Benefits						
	<ol> <li>Workmen's Compensation</li> </ol>		\$	315,771	315,771	20222222222222	3238444854834643404
	2. Disability Insurance		\$				
	3. Unemployment Insurance		\$	142,955	142,955		
	4. Social Security (F.I.C.A.)		\$	385,590	385,590		
	5. Health Insurance		\$	742,680	742,680		
	6. Life Insurance (employees only)						
	(not-owners and not-operators)		\$				A PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR
	7. Pensions (Non-Discriminatory)		\$	265,965	265,965		
	(not-owners and not-operators)						
	8. Uniform Allowance		\$	21,850	21,850		
	9. Other (Specify)	W	\$	33,249	33,249		
	See Attached Schedule						
	Personal Retirement Plans, Pensions, and	**	\$	1 11 144			
	Profit Sharing Plans for Owners and						
	Operators (Discriminatory)*						
	Bad Debts*		\$	330,000	330,000		
	Accounting and Auditing		\$	13,492	13,492		
e.	Legal (Services should be fully described o	n Page 7)	\$	17,293	17,293		
	Insurance on Lives of Owners and		\$				
	Operators (Specify)*						
	Office Supplies		\$	18,807	18,807		41.3441
	Telephone and Cellular Phones	÷					
	1. Telephone & Pagers		\$	41,951	41,951		
	2. Cellular Phones		\$				
	Appraisal (Specify purpose and		\$				
ı	attach copy)*						
····			2				
	Corporation Business Taxes (franchise tax)		\$			A STATE OF THE PROPERTY OF	TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH
k.	Other Taxes (Not related to property - See	Page 22)	- The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the				
	1. Income*		\$				/
2	2. Other (Specify)		\$[				
	See Attached Schedule						
	3. Resident Day User Fee		\$	700,744	700,744		
Subtota			\$	3,030,346	3,030,346		
* Footl	ity should self-disallow the expense on Page 29 of the				Comer Cylheate		<del></del>

<sup>\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

# \*\*\* DO NOT Include Holiday Parties / Awards / Gifts to Staff

Spectrum Healthcare Torrington 9/30/2015

Attachment Page 15

# Schedule of Other Employee Benefits

<b>Description</b>	CCNH	RHNS	(Specify)
Union Training Fund	\$ 33,249		
Potal:	\$ 33.249 <b>\$</b>		\$

# **Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
(Fotal)	8	8	

# C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Item	f Facility	License No.	Report for	Year Ended	Page	of
Total   CCNH   RHNS	m Healthcare Torrington					37
Subtotals Brought Forward: 3,030,346 3,030,346					]	
Subtotals Brought Forward: 3,030,346 3,030,346						
1. Travel and Entertainment	Item		Total	CCNH	RHNS	(Specify)
1. Travel and Entertainment   1. Resident Travel and Entertainment   3   5,733   5,733   5,733   2. Holiday Parties for Staff   \$   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348   348	Subtotals	Brought Forward		<del></del>		(Special)
2. Holiday Parties for Staff 3. Gifts to Staff and Residents 3. Gifts to Staff and Residents 4. Employee Travel 5. Education Expenses Related to Seminars and Conventions 5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) 8 See Attached Schedule 8 M. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 8 Advertising Telephone Directory (all such expenses) 8 Advertising Other (Specify)*** 9 See Attached Schedule 9 A. Fund-Raising*** 9 Medical Records 6 Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***  7. Postage 8 Dues and Membership Fees to Professional 9 Associations (Specify) 8 Dues and Membership Fees to Professional 10 Contributions*** 8 Dues to Chamber of Commerce & Other Non-Allowable Org. ***  9 Subscriptions 10 Contributions*** 8 See Attached Schedule 11. Services Provided by Contract (Specify and Complete 8 Schedule C-2, Page 21 for each firm or individual) 12 Administrative Management Services** 13 Other (Specify)  8 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,459 3,45 4,474 4,746 44,746 44,746 44,746 44,746 44,746						
2. Holiday Parties for Staff 3. Gifts to Staff and Residents 5. Gifts to Staff and Residents 5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) 8. See Attached Schedule 8. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 8. Advertising Telephone Directory (all such expenses) 8. Advertising Other (Specify)*** 9. See Attached Schedule 4. Fund-Raising*** 9. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 10. Contributions*** 8ce Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** 13. Other (Specify)  \$\frac{348}{5}, \frac{348}{5}, \	Resident Travel and Entertainment	:	\$ 5,733	5,733		100.000 00.000 00.000 00.000 00.000
4. Employee Travel \$ 1,347 1,347   5. Education Expenses Related to Seminars and Conventions \$ 1,454 1,454   6. Automobile Expense (not purchase or depreciation) \$ 3,923 3,923   7. Other (Specify) \$ 3,923 3,923   7. Other (Specify) \$ 8ee Attached Schedule   m. Other Administrative and General Expenses   1. Advertising Help Wanted (all such expenses) \$ 1, 2,201   2. Advertising Telephone Directory (all such expenses) \$ 3, 2,201   3. Advertising Other (Specify)*** \$ 7,291   3. Advertising Other (Specify)*** \$ 7,291   3. Advertising Other (Specify)*** \$ 8   4. Fund-Raising*** \$ 8   5. Medical Records \$ 8   6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$ 9,692   9,692   8. Dues and Membership Fees to Professional \$ 26,081   Associations (Specify) \$ 26,081   8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9   9. Subscriptions \$ 10   10. Contributions*** \$ 8   See Attached Schedule \$ 11   11. Services Provided by Contract (Specify and Complete \$ 44,746   Schedule C-2, Page 21 for each firm or individual) \$ 12   12. Administrative Management Services** \$ 13   Other (Specify) \$ 45,171   45,171	Holiday Parties for Staff				***************************************	
4. Employee Travel 5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) 8 See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 8. Advertising Telephone Directory (all such expenses) 9. Advertising Other (Specify)*** 1. Advertising Other (Specify)*** 2. Advertising Other (Specify)*** 3. Advertising Other (Specify)*** 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***  7. Postage 9. Subsand Membership Fees to Professional Associations (Specify) 8. Dues and Membership Fees to Professional Sacoiations (Specify) 8. Dues to Chamber of Commerce & Other Non-Allowable Org, *** 9. Subscriptions 10. Contributions*** 8. See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** 13. Other (Specify)  8 1,347 1,347 1,347 1,345 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454 1,454	Gifts to Staff and Residents		\$ 3,459	3,459		
5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** \$ 7,291 7,291 See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***  7. Postage 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***  9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services**  13. Other (Specify) \$ 45,171 45,171	Employee Travel		\$ 1,347			
6. Automobile Expense (not purchase or depreciation) \$ 3,923 3,923  7. Other (Specify) \$ \$ \$ \$ 3,923 3,923  7. Other (Specify) \$ \$ \$ \$ 3,923 3,923  8. Other Administrative and General Expenses  1. Advertising Help Wanted (all such expenses) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Education Expenses Related to Seminars and	Conventions 5	1,454			
7. Other (Specify) See Attached Schedule  m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***  7. Postage  * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule  8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***  9. Subscriptions 10. Contributions*** See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  \$ 44,746  45,171  45,171	Automobile Expense (not purchase or depre	ciation)		3,923		
m. Other Administrative and General Expenses  1. Advertising Help Wanted (all such expenses)  2. Advertising Telephone Directory (all such expenses)**  3. Advertising Other (Specify)***  \$ 7,291 7,291  See Attached Schedule  4. Fund-Raising***  5. Medical Records  6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***  7. Postage  \$ 9,692 9,692  * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule  8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***  9. Subscriptions  10. Contributions*** See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  \$ 44,746 44,746  45,171 45,171						
1. Advertising Help Wanted (all such expenses) \$  2. Advertising Telephone Directory (all such expenses) *** \$  3. Advertising Other (Specify)*** \$  See Attached Schedule  4. Fund-Raising*** \$  5. Medical Records \$  6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***  7. Postage \$  8. Dues and Membership Fees to Professional Associations (Specify)  See Attached Schedule  8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$  9. Subscriptions  10. Contributions***  See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services** \$  13. Other (Specify) \$  45,171 45,171	See Attached Schedule					
2. Advertising Telephone Directory (all such expenses )*** \$ 3. Advertising Other (Specify)*** \$ 7,291 7,291 See Attached Schedule  4. Fund-Raising*** \$ \$ 7,291 7,291	her Administrative and General Expenses					
2. Advertising Telephone Directory (all such expenses )*** \$ 3. Advertising Other (Specify)*** \$ 5. See Attached Schedule  4. Fund-Raising*** \$ 5. Medical Records \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***  7. Postage \$ 7. Postage \$ 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule  8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 10. Contributions*** See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services** \$ 13. Other (Specify) \$ 45,171 45,171	Advertising Help Wanted (all such expenses	)	5	**************************************	3-10-10-10-10-10-10-10-10-10-10-10-10-10-	25X6164 MATERIAL STREET OF
3. Advertising Other (Specify)***  See Attached Schedule  4. Fund-Raising***  5. Medical Records  6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***  7. Postage  * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule  8a. Dues to Chamber of Commerce & Other Non-Allowable Org,***  9. Subscriptions  10. Contributions*** See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  13. Other (Specify)  See Attached Schedule  \$ 7,291  \$ 7,291  \$ 7,291  \$ 7,291  \$ 7,291  \$ 44,746	Advertising Telephone Directory (all such ex					
See Attached Schedule  4. Fund-Raising***  5. Medical Records  6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***  7. Postage  * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule  8a. Dues to Chamber of Commerce & Other Non-Allowable Org,***  9. Subscriptions  10. Contributions*** See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  \$ 45,171 45,171				7,291		<del> , </del>
5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***  7. Postage 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org. ***  9. Subscriptions 10. Contributions*** See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  13. Other (Specify)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***  7. Postage 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org. ***  9. Subscriptions 9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services**  13. Other (Specify)  \$ 45,171 45,171	Fund-Raising***	\$	3	·		
directly and not by contract or fee for service)***  7. Postage \$ 9,692 9,692  * 8. Dues and Membership Fees to Professional \$ 26,081 26,081 Associations (Specify) See Attached Schedule  8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 10. Contributions*** \$ See Attached Schedule  11. Services Provided by Contract (Specify and Complete \$ 44,746 44,746	Medical Records					
7. Postage  * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule  8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***  9. Subscriptions 10. Contributions*** See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  \$ 9,692  9,692  9,692  9,692  44,746  44,746  44,746  44,746  44,746  44,746  44,746  44,746  44,746  45,171  45,171	Barber and Beauty Supplies (if this service is	supplied \$	3			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule  8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***  9. Subscriptions \$ 10. Contributions*** See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  \$ 13. Other (Specify)  \$ 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 2	directly and not by contract or fee for service	)***				
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule  8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***  9. Subscriptions \$ 10. Contributions*** See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  \$ 13. Other (Specify)  \$ 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 26,081 2		\$	9,692	9,692		
Associations (Specify) See Attached Schedule  8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***  9. Subscriptions \$ 10. Contributions*** See Attached Schedule  11. Services Provided by Contract (Specify and Complete \$ 44,746	Dues and Membership Fees to Professional					······································
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***  9. Subscriptions  10. Contributions*** See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  13. Other (Specify)  \$ 45,171 45,171						
9. Subscriptions \$ 10. Contributions*** \$ See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services** \$ 13. Other (Specify) \$ 45,171 45,171	See Attached Schedule					
9. Subscriptions \$ 10. Contributions*** \$ See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services** \$ 13. Other (Specify) \$ 45,171 45,171	Dues to Chamber of Commerce & Other Non-Alle	wable Org.*** \$				
See Attached Schedule  11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  13. Other (Specify)  \$ 45,171   45,171			+			
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  13. Other (Specify)  \$ 45,171 45,171	Contributions***	\$				
Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  13. Other (Specify)  \$ 45,171   45,171	See Attached Schedule					
Schedule C-2, Page 21 for each firm or individual)  12. Administrative Management Services**  13. Other (Specify)  \$ 45,171   45,171	Services Provided by Contract (Specify and C	omplete \$	44,746	44,746		
12. Administrative Management Services** \$ 13. Other (Specify) \$ 45,171 45,171	Schedule C-2, Page 21 for each firm or indivi					
13. Other (Specify) \$ 45,171 45,171			proceeding annual of the Control of	- THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRA		
				45,171		
。 【数字形形型图像字字字字形成型图像字字字字形成图像形式图像形式图像形式图像形式图像形式图像形式图像形式图像形式图像形式图像形式	See Attached Schedule	·				
C-14 Total Administrative & General Expenditures \$ 3,179,590   3,179,590	al Administrative & General Expenditures	\$	3,179,590	3,179,590	(Commission of the Commission	

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

### Schedule of Other Travel and Entertainment

Description	CCNH	RIINS	(Specify)
		i i Discoviji	hannan marana
		en a company de la company	
Total Öther Travel and Entertainment		\$ 1000	

### Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Promotional	\$ 11.076		
Marketing-Greenses	\$ 6315		
Total Other Advertising	\$ 2291	S COLUMN	Call at 12.121

## Schedule of Dues

Die 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Description	CCNH	RHNS	(Specify)
	Diesessen	\$ 26.081		
			ditumuuumpi	THE PERSON NAMED IN THE
Total Dies Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the C				
	Contidues and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	\$ 26,081		

### Schedule of Contributions

	Description	CCNH	RHNS	(Specify)
BROKKE ANDRES OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T				
TORRESONATION OF STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	Total Contributions		3 - 170	3.00

# Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	\$ 50 1 5 440		
Employee Backgroud Check and the state of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of th	3 3017		
Employee Backgroud Check			
	\$ 140		
Small Equipment Porchase	3 201		
Princes & Period (escription of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the princes of the	*****************	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR
	520000000000000000000000000000000000000		
Total Other Administrative and General	\$ 45,171	Statements	5
			- Watter Committee

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

# Schedule C-1 - Management Services\*

Name of Facility	License No.	Report for Year Ended	Page of
Spectrum Healthcare Torrington	2248	9/30/2015	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Spectrum Health Care PO Box 2417 Vernon, CT 06066		Home Office, Human Resource, Treasury Management and Financial Oversight	Page 16 line 1m12
		,	
-			
,			

<sup>\*</sup> In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

I		1			n Page 5)	<del></del>				
1	me of Facility		Lice	nse	e No.			ear Ended	Page	of
Spe	ectrum Healthcare Torrington		<u> </u>		2248	<u> </u>	9/30/2015	5	18	37
					ļ			1		
	Item				Total	AN CANYON	CCNH	RHNS	(S	pecify)
2.	Dietary									
	a. In-House Preparation & Service									
<u> </u>	1. Raw Food			\$	305,826	<u> </u>	305,826			
<u> </u>	2. Non-Food Supplies			\$	28,810		28,810			***************************************
l	3. Other (Specify)			\$	40.00	L	-			
ŀ	•									
İ	b. Purchased Services (by contract other			\$		<u>L</u>				
	than through Management Services)									
	(Complete Schedule C-2 att. Page 21)									
	c. Management Services**			\$						
	d. Other (Specify)		_	\$	1,550		1,550			
	Equipment Rental									
	Small Equipment Purchase									
2E.	Total Dietary Expenditures $(2a+b+c+d)$		· · · · · · · · · · · · · · · · · · ·	\$	336,185		336,185			
						Ī	···		i i	
2F.	Dietary Questionnaire			ı	Total	(	CCNH	RHNS	(Sı	ecify)
G.	Resident Meals: Total no. of meals served per	r da	v:*					***************************************		
H.	Is cost of employee meals included in 2E?		Yes		•	No			<del>!</del>	
I.	Did you receive revenue from employees?	0	Yes		•	No		If yes, specify amt.		
J.	Where is the revenue received reported in the	Co	st Rep	ort	? (Page/Line	Item	)		· · · · · · · · · · · · · · · · · · ·	
	Is cost of meals provided to persons other						<u> </u>			******
K.	than employees or residents (i.e., Board	O	Yes		0	No		If yes, specify		
	Members, Guests) included in 2E?	•	200		ŭ			cost.		
L.	Is any revenue collected from these people?	0	Yes		0	No		If yes, specify amt.		
M.	Where is the revenue received reported in the	Co	st Ren	ort	? (Page/Line	Ĭtem	<u> </u>			
	Is cost of food (other than meals, e.g.,				<u></u>		<u> </u>			
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes		•	No		If yes, specify cost.		
0.	Is any revenue collected from employees?	0	Yes		•	No		If yes, specify amt.		
P.	Where is the revenue received reported in the	Cos	st Rep	orť	? (Page/Line	(tem	)			
				-	· · · · · · · · · · · · · · · · · · ·					

<sup>\*</sup> Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

# C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs (See Note on Page 5)

Name of Facility	License	e No.	Report for	Year Ended	Page of
Spectrum Healthcare Torrington		2248	9/30/201		19   37
Item		Total	CCNH	RHNS	(Cnooify)
3. Laundry	1	Lotai	CCNFI	KHINS	(Specify)
<ul><li>a. In-House Processing*</li><li>1. Bed linens, cubicle curtains, draperies,</li></ul>	Lbs.				
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	71	1 7	/1	
Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
processed.***	Amt. \$		ļ		
3. Personal clothing of residents	Lbs.				
washed, ironed, and/or processed.***	Amt. \$			ļ	
4. Repair and/or purchase of linens.***	Lbs.				
1 Doubles Add	Amt. \$	52,754			
b. Purchased Services (by contract other	\$	246,333	246,33	3	
than through Management Services)					
(Complete Schedule C-2 att. Page 21) c. Management Services**	0				
	\$				
d. Other (Specify)	\$				
3E. Total Laundry Expenditures (3a+b+c+d)	\$	299,157	299,15	7	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.	
H. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
. Where is the revenue received reported in the Cost	Report?		(Page/Lin	e Item)	
Is Cost of laundry provided to persons other	Yes	•	No	If yes, specify cost.	
K. Did you receive revenue from these people? O	Yes	•	No	If yes, specify amt.	
. Where is the revenue received reported in the Cost	Report?		(Page/Lin		

<sup>\*</sup> Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> Pounds of Laundry only required for multi-level facilities.

# C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care Basis for Allocation of Costs (See Note on Page 5)

Name of Facility License No.			ort for Year E	Inded	Page	of
Spectrum Healthcare Torrington	2248		9/30/2015		20	37
						***
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (Mops,	Amt.	\$	2,408	2,408		
pails, brooms, etc.)						<u> </u>
b. Purchased Services (by contract	et other Sq. Ft. Serviced		,			
than through Management Ser	vices) by Personnel					
(Complete Schedule C-2 att.	Amt,	\$	257,220	257,220		
Page 21)						
c. Management Services*		\$				
d. Other (Specify)	.,	\$				
		l				
4E. Total Housekeeping Expenditure	\$	259,627	259,627			
5. Resident Care (Supplies)**	· <del>-</del>					
a. Prescription Drugs***						
<ol> <li>Own Pharmacy</li> </ol>		\$				WINDSON BOOK BOOK BOOK BOOK BOOK BOOK BOOK BO
2. Purchased from	······································	\$	348,186	348,186		
b. Medicine Cabinet Drugs		\$	23,163	23,163		
c. Medical and Therapeutic Suppl	ies	\$	206,198	206,198		
d. Ambulance/Limousine***	M.A	\$	· · · · · · · · · · · · · · · · · · ·			
e. Oxygen						
1. For Emergency Use		<b>\$</b>		201400-2016-2016-2016-2016-2016-2016-2016-20	1000 5000 5000 5000 5000 5000 5000 5000	
2. Other***	···	\$	70,450	70,450		
f. X-rays and Related Radiologica	1	\$	29,956	29,956		- · · · · · · · · · · · · · · · · · · ·
Procedures***						
g. Dental (Not dentists who should be included under			K DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY		200100120020010000000000000000000000000	345-345-340-340-340-340-340-340-340-340-340-340
salaries or fees)		\$				
h. Laboratory***		\$	26,803	26,803		
i. Recreation		\$	18,449	18,449		····
j. Other (Specify)****		\$	243,071	243,071		
See Attached Schedule		900				
5K. Total Resident Care Expenditures	(5a - 5i)	\$	966,277	966,277		
* Caladala C I Day 17 th City	<del> </del>	41	7 7 7 7 7 7 1 7	/ U J L I I	i	

<sup>\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*</sup> Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

# Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
IV. Therapy			
Outside Madical Services	\$ 41,938 3 14,726		
Palient Personal Needs			
Respiratory Therapy	\$ 185,686		
Notal Other Resident Care	\$ 243,071 8		8

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

# Report of Expenditures Schedule C-2 - Individuals or Firms Providing Services by Contract \*

Name of Facility Spectrum Healthcare Torrington	n.			License No. 2248	Report for Year Ended 9/30/2015	70			Page (	of 37
		Related ** to Owners, Operators, Officers	to Owners, Officers				Total Cost/	Total Cost/Page Ref.***	1	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Р	Îine
ADP		0	0	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Payroll Processing	24,118	,			1
MDI Achieve		0	0	ili ili ili ili ili ili ili ili ili ili	Data Processing	18,853			16 m11	11
Tool 4 Data		0	0		Computer Maintenance	35,510			22 6f	<u></u>
Lafferty Enterprises		0	0	, in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	Ground Maintenance	12,182			22 6f	<b>4</b>
Dart Charts		0	0		Software Maintenance	14,400			22 6f	
Healthcare Services Group		0	0		Laundry Services	246,333			19 36	
Healthcare Services Group		0	0		Housekeeping Services	257,220			20 4P	
USA Hauling & Recycling		0	0		Trash Removal	13,744			22 6f	
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

# C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Y	ear Ended		Page	of
Spectrum Healthcare Torrington	2248	9/30/2015		<del>- 1 1</del>	22	37
Item		Total	CCNH	RHNS	(Spec	ify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	64,120	64,120			
b. Heat	\$	64,689	64,689			
c. Light & Power	\$	150,550	150,550			
d. Water	\$	40,045	40,045			
e. Equipment Lease (Provide detail on	page 6) \$	13,532	13,532			
f. Other (itemize)	\$	114,986	114,986			
See Attached Schedule	•					
6g. Total Maint. & Operating Expense (6a	a - 6f) \$	447,922	447,922			•
7. Depreciation (complete schedule page 2	23*)				-	
a. Land Improvements	\$					
b. Building & Building Improvements	\$	141,517	141,517			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	54,606	54,606			
*7e. Total Depreciation Costs (7a+b+c+	d) \$	196,123	196,123			
8. Amortization (Complete att. Schedule P	Page 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	. \$	10,223	10,223			
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a+b+c+	d) \$	10,223	10,223			
9. Rental payments on leased real property	less					· ///
real estate taxes included in item 10b	\$	464,067	464,067			
10. Property Taxes				***************************************	·	
a. Real estate taxes paid by owner	\$	117,643	117,643			
b. Real estate taxes paid by lessor	\$	<u> </u>	·			
c. Personal property taxes	\$	11,398	11,398			
11. Total Property Expenses (7e + 8e + 9 +		799,454	799,454			,,

<sup>\*</sup> Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

# Schedule of Other Repairs and Maintenance

Description	AVAIDED IN COLUMN SAN A SAN SAN AND AND AND AND AND AND AND AND AND A	CCNH	RHNS	(Specify)
Trasti-Removal		8 18,744		
Hazardous Waste Removal		[5] [8952]		
Service Contracts		\$ 19481		
Grounds Maintenance		\$ 16,739		
Grounds Candiscaping		\$ 1895		
Purchase Services		B 441		
Software Maintenance		EXEMPA0A3E		
Computer Maintenance		36,682		
Hotal Other Repairs and Maintenance		\$ 17.986 \$		o de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
				a Perse results and a second

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

Depreciation Schedule

Name of Dowith.					-						
Spectrum Healthcare Torrington			License No.			Report for Year Ended 9/30/2015	nded		Page	of.	
						2000000			72	3/	
-			•			Accumulated					
			Historical Cost	Less		Depreciation to	Methodor				
-			Exclusive of	Salvage	Cost to Be	Regioning of	Committee	T Lang. 3		,	
Property Item			Land	Vaine	Depreciated	Vear's Operations	Demreciation	1 5 C	Depreciation 6-This Man	·	
A. Land Improvements					-	- car s oporanous	הכיחורות	רווני	TOT THIS YEAR	iotais	
1. Acquired prior to this report negative								•			
							-				
<ol><li>Disposals (attach schedule)</li></ol>											
<ol> <li>Acquired during this report period (attach schedule)</li> </ol>	h schedule)										
A.4. Subtotal											
B. Building and Building Improvements										The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
Acquired prior to fois report			100000					·			
2 Discoule (24-1, 24-4)			1,438,495		1,238,295	440,523	SL	Var	140,178		
<ol><li>Acquired during this report period (attach schedule)</li></ol>	h schedule)		21,045	•	21,045		SI	V.	1 330		
B-4. Subtotal									7,77	141 514	
C. Non-Movable Equipment					No. of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of					/10,141	
1. Acquired prior to this report period						-					
2. Disnosals (attach schedule)								1	****		
2 Acceptant American March 182											
3. Acquired during this report period (attach schedule)	n schedule)			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s							
C+, Subjoial											
	Is a mileage logbook	Date of				Acommisted					
	£:	Acquisition	Historical Cost	Less		Depreciation to	Method of				
			Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation		
П	W ON	onth Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals	
D. Movable Equipment  1. Motor Vehicles (Specify name, model											
a. a.			<b>有對於有限官的發展的有關的關係</b>								
<b>þ</b> ,											
2											
- <del>j</del>											
2. Movable Equipment											
a. Acquired prior to this report period			584 462								
b. Disposals (attach schedule)					201,102		-	, ai	22,438		
Company manager of			THE PROPERTY OF THE PERSON NAMED IN	Comment Good Paris and Comment	SHURRENTED THE COST	STANDARD BURNESS STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STAN	Table Strategy (State Strategy or an annual strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the st	Walter Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contrac	Period March Strategy		
c. Acquited during this report period											
(anacii scheune)		} 	25,719	Semena Handanda	26,719		SL	Var	2,148		
: l										54,606	٠
E. Total Depreciation										196,123	
									The Bulleting High 24 and 1		

Spectrum Healthcare Torrington 9/30/2015

# Schedule of Land Improvements Acquired during this report period

•			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			inini minuouun	minuseuppeup Ingel
ngosiah engangkan negati ndinger				
otal additions for Land	improvenciis:			<b>3</b>
Deletions:		: 1		
ing had estimated as the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state				Davidson by the
	mproveneuts			
Cotal deletions for Land I	mprovenieus:			\$ 11.5

<sup>\*</sup>Ties to Page 23, Line A3

## Schedule of Building Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
01/21/2015	HoteWater Heaters HoteWater Heaters HoteWater Heaters	\$ 13,850		\$ 1,039
5/15/2015	Horiware resides a selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the sele	7195	de la la la la la la la la la la la la la	300
	Building Improvenents			
otal additions for		2 9 015		0.00
Deletions:		200000000000000000000000000000000000000		
			All bishood warm	
		Carrier and Control		
	Building Laprovements		ules of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	
piat desessons for	pulang improvements	8		\$ 1000000000000000000000000000000000000

<sup>\*</sup>Ties to Page 23, Line B3

# Schedule of Non-Movable Equipment Acquired during this report period

•			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				s i danski i sedinasti i kali. Subjestanje i danski i
Doral originary for Non-Mayaki	Bodliment 2013			
				\$111.51
Deletions:	NE-MARANANA AND AND AND AND AND AND AND AND AN			
			in dinentro	
			and Service	
				bibilish orten (1702-11)
Total deletions for Non-Movable	Equipment	\$200		American Company

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup> Ties to Page 23, Line C2

### Schedule of Movable Equipment Acquired during this report period

Augustaldian Data	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		Oseiui	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:			Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of th	Sacarrage Interpretation and Co.
10/01/2014	APPressing Mattresses 1 https://doi.org/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.100	3 295		\$444 330
10/01/2014	Overbell & A Mathesses	\$ 5.5.5.203		\$ 203
10/24/2014	ORiessine Maitresses	81068	0.000	\$ 406
12/23/2014	STressire Mathesses	1,040	88 se le 1810.	8 1 1 78
01/18/2016	Beck Maines	\$ 2,062	10	\$ 100000155
01/19/2015		3 - 3 - 3 - 3 - 3 - 3 - 3	BURNAL SECTION	3 252
02/16/2015	Wheelcuainscale	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	10	155
03/06/2015		\$ 3.641		243
06/29/2015		3 4887		4 20 120
Potal additions for	Movahle Khilipitient	3 26,719		\$
Deletions:		113111111111111111111111111111111111111	A TOTAL STREET	Harman Land Barret
		in the sure residence		
fotal deletions for N	Moyable Equipment		1200 se komuljukuz 1200 sekom da seni	

<sup>\*</sup>Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions;				
			ita jalovok trikov	
				HELENSON STATE
Lotal additions for Leasehold In	nprovement			
Deletions:		HERCEROXIII CO.		indiament and the second
				ALTHOUGH STREET
	provement			amproprate videlini
Lotal deletions for Lease no delim				Commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of th

<sup>\*</sup>Ties to Page 24, Line C3
\*\*Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

# Amortization Schedule\*

Nan	Name of Facility		License No.		Report for Year Ended	r Ended		Раде	ţ
Spec	Spectrum Healthcare Torrington		2248	18	9/30/2015			24	37
					Accumulated				
		Date of			Amort, to				
		Acquisition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate //	Rate Amortization	
	Item	Month Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
ď	Organization Expense							7	
	1.								
	2.								
	3.								
A-4.	. Subtotal								
B.	Mortgage Expense								
	1. Deferred Finance Line of Credit	7 2013	m	30,666	12,778 SI	SI		10.223	
	2.							2	
	3.								
B.4.	Subtotal								10.223
رن ن	Leasehold Improvements and Other								10,223
	1. Acquired prior to this report period								
	2. Disposals (attach schedule)								
	3. Acquired during this report period								
	(attach schedule)								
C-4	. Subtotal								
Ö.	Total Amortization								10.223
•	* Straight-line method must be used.						Application of the second		

\*\* Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

# C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility Spectrum Healthcare Torrington	License No. 2248	Report for Year F 9/30/2015	Ended	WWW.	Page of 25   37
		773072013		P900-11	. 23   31
11. Property Questionnaire Part A					
Is the property either owned by or leased from a Related Party?	*	O Yes		No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this to business association to any person a related party transaction.	facility is related by fan n or organization from t	nily, marriage, ownership, al whom buildings are leased, t	bility to control or then it is considered	I	
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed	t- CDt				
3. If NOT Original Owner, Da     4. Date of Initial Licensure	te of Purchase				
5. Total Licensed Bed Capacity		10			
6. Square Footage	y	120			
7. Acquisition Cost		30,96			
a. Land					
b. Building	7,000				
Part B - Owner and Related Pa	arties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g.,	fixed, variable)		A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	CONTRACTOR OF STREET	STATISTICS OF STREET OF STREET OF STREET
<ul> <li>b. Date Mortgage Obtained</li> </ul>					
c. Interest Rate for the Cost					
d. Term of Mortgage (numb					
e. Amount of Principal Born					
f. Principal balance outstan				CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	
Complete if Mortgage was					
During Current Cost Yo					
g. Type of Financing (e.g., f h. Date of Refinancing	ixed, variable)				
i. New Interest Rate					
j. Term of Mortgage (numb	er of vears)				
k. Amount of Principal Borr					
1. Principal Outstanding on					
Part C - Arms-Length Leas		ty Improvements Only	Y	***************************************	
Name and Address of Lesso	7	Property Leased		Term of Lease	Annual Amount of Lease
Care Capital Properties		oming Ave Torrington			464,067
			<u> </u>		***************************************

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

1991
**************************************
magni empreparis acces acces access
İ

## C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility	License No.		Report for Ye		Page of	
Spectrum Healthcare Torrington	2248		9/30/2015			26   37
<b>.</b>						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Item 12. Interest	1	· · · · · · · · · · · · · · · · · · ·	Total	CCNH	RHNS	(Specify)
A. Building, Land Improve	amant fr Non Morrah	lo.				
Equipment	ement & Ivon-Movau	ile.				
1. First Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
Address of Lender						
2. Second Mortgage		\$				" 指型的现在思想的情况对例
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$				
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information	on					
1. Original Loan Amour	1. Original Loan Amount \$					
2. Loan Origination Dat	e					
3. Interest Rate %						
4. Term						
5. CHEFA Interest Exp	ense			d-valorites such directly with the participation of benefit	And the Control of the Control of Control	ori issulandera i decembrate estatus estatus estatus estatus estatus estatus estatus estatus estatus estatus e
2 B7. Total Building Interest Expe	ense (A1 - A4 + B5)	\$				
	······································		(Carr	Subtotals fo	reward to no	vt naga)

(Carry Subtotals forward to next page)

# C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility	License		Report for	Vear Ended		Page	of	
Spectrum Healthcare Torringto		248		9/30/2015	I our Lindou		27	37
3		<u></u>		12/20/2012	<del></del>		1 27	3,
	Item			Total	CCNH	RHNS	(Spec	cifv)
		totals Bro	ught Forward			10110	(SPC	~~,,,
12. C. Movable Equipment					,			
1. Automotive Equip	oment		5		Ī	İ		
A. Item		Rate	Amount					
			<u> </u>					
Lender								
Address of Lender								
2. Other (Specify)								
A. Item		Rate	Amount					
			<u> </u>					
Lender								
Address of Lender			***************************************					
B. Item		Rate	Amount					
	<u> </u>							
Lender								
A 11								
Address of Lender								
12. C. 3. Total Movable Eq	uipment Inter	est						
Expense $(C1+2)$	•		\$					
12. D. Other Interest Expens	e (Specify)		\$	198,474	198,474			
Working Capital and	Vendor Intere	est						
13. Total All Interest Expens	e(12B7 + 120)	C3 + 12D	) \$	198,474	198,474			
14. Insurance								
a. Insurance on Property		nly)	\$	76,448	76,448			
b. Insurance on Automo								
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket			\$					
2. Fire and Extended	Coverage		\$					
3. Other (Specify)			\$					
4d. Total Insurance Expendi	tures (11a ± 1	1 + 0)	dr.	76.440	74 440			
5. Total All Expenditures (A			<u>\$</u>	76,448 12,719,725	76,448 12,719,725			
I com mar maponementos (A	. xJ unu C-1	7/	- P	14,117,143	14,117,143			

# D. Adjustments to Statement of Expenditures

	e of Fa	_		Li	cense No.	Report for Ye	ar Ended	Page	of
Speci	trum I	Iealth	care Torrington	<u>L</u>	2248	9/30/2015	***************************************	28	37
] ,					Total				
	Page		j.		Amount of				
	No.		Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - 5	alari	es and Wages						
1.		<u> </u>	Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$				<u> </u>	
4.			Other - See attached Schedule	\$					
Page	13 - I	rofes	sional Fees						
5.			Resident Care Physicians **	\$			_		
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	-\$					
Pages	15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$					***************************************
9.	15	1c	Bad Debts	\$	330,000	330,000			
10.			Accounting & Legal	\$					
11.			Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$		30.530.30.30.00.00.00.00.00.00.00.00.00.00.0			***************************************
14.			Gifts, flowers and coffee shops	\$				· · · · · · · · · · · · · · · · · · ·	
15.			Education expenditures to colleges or						30.000.000
			universities for tuition and related costs					<b>SERVE</b>	
			for owners and employees	\$		HIPPERIODE AND THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE		New Control Control	STATE OF THE PARTY.
16.			Travel for purposes of attending	-		MANAGED STATE			
7			conferences or seminars outside the						
			continental U.S. Other out-of-state						
	İ		travel in excess of one representative	\$					
17.	-+		Automobile Expense (e.g. personal use)	\$			·		
18.	16	m2	Unallowable Advertising *	- <del>\$</del>	7,291	7,291			
19.	10 )		Income Tax / Corporate Business Tax	\$	1,291	1,491			
20.			Fund Raising / Contributions	-\$					
21.	-+		Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.		$\overline{}$	Other - See attached Schedule	\$	7 700	7 720			
<del></del>	70 D		Expenditures	Φ	7,728	7,728			galan W
24.	10-1		Meals to employees, guests and others						
24.			who are not residents						
<u></u>	10 7			\$			George State (Section)	A MENNAND SERVED	
	19 ~ L(		y Expenditures						
25.			Laundry services to employees, guests	أير					
	10 77		and others who are not residents	\$					430 100 100 100
	20 - H		ceeping Expenditures	1					
26.		1	Housekeeping services to employees, guests	_					
		<u>l</u>	and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	345,019	345,019	**************************************	<u> </u>	

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

<sup>\*\*</sup> Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

#### Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNII	RHNS	(Specify)
incate of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control					
Parity and Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of					
Total Other	Salaries	Vinis mentas ta talah salah salah salah salah salah salah salah salah salah salah salah salah salah salah salah			
was programmed to be added	A SCHOOL SHOP AND A SCHOOL SHOP	ass x sammanga ang mas xang manangga sasan sa samangga puntunung sangga mangga pangga pangga na sangga pangga Tangga pangga  marina ana ana mana ana		E-Particulation in the second	

#### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Office	Fees Adj			Participation that the comment	
		· · · · · · · · · · · · · · · · · · ·			

#### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	mi3	Biles & Penalties (1997)	7,728		
Total Othe	A&G Au	ismens .	77/28		

State of Connecticut

Annual Report of Long-Term Care Facility
CSP-29 Rev. 10/2006

D. Adjustments to Statement of Expenditures (cont'd)

	D. Adjustments to Statement of Expenditures (cont'd)								
Name	e of Fa	cility	,	Lic	ense No.	Report for	Year Ended	Page	of
Speci	trum F	lealth	care Torrington		2248	9/30/2015		29	37
					Total				
Item	Page	Line	,		Amount of			İ	
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(S <sub>1</sub>	pecify)
			Subtotals Brought Forward	\$	345,019	345,019			
Page	20 - K	<i>leside</i>	ent Care Supplies***						
27.			Prescription Drugs	\$					
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$					
30.			Laboratory	\$					
31.		.,,	Medical Supplies	\$					
32.			Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$					
Page	22 - M	<i>lainte</i>	enance and Property			<b>非非条件</b>			
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.		,	Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real						
			Estate Taxes	\$	* * * * *				
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page .	27 - Ii	isura	nce						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Other	- Mis	cellar	ieous	100					
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$			·		
44.			Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.	$\Box$		Expenditures made for the protection,	200					
l			enhancement or promotion of the						
			providers interest	\$			,		
48.			Interest Income on Accounts Rec	\$	5, 41.4				
49.			Other (include personnel and other						
			costs unrelated to resident care) - See					i di si	
			Attached Schedule	\$	56,204	56,204			5 - 1 - 1 - 1 - 1 - 1
Not F	or Pro		oviders Only						
50.	T,		Building/Non Movable Eq. Depreciation	Salker.					
1			Unallowable Building Interest -						
	1		See Attached Schedule	\$	remembers and dispersional factories	anharantan kanisan makan pakan pakan pakan pakan pakan pakan pakan pakan pakan pakan pakan pakan pakan pakan p	AND THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON O	- INDIVIDUAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
51. 2	Total A		nt of Decrease (Items 1 - 50)	\$	401,223	401,223		***************************************	

<sup>\*\*\*</sup> Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t					
Total Other	Ancillary			<b>5</b>	30 100 2

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Description	CCNH	RHNS	(Specify)
				CONTROL BEAUTIFICATION AND ADDRESS OF THE PARTY OF
		la de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		
			SELECTION	\$11441000
				CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR

#### Schedule of Other Property Adjustments

		Description	CCNH	RHNS	(Specify)
daj izati in civa					
Total Other	Property			S. C. C.	

		Description	CCNH	RHNS	(Specify)
27		Vendo dinteres : 1555 : 1515 : 1557 : 1557 : 1557 : 1557 : 1557 : 1557 : 1557 : 1557 : 1557 : 1557 : 1557 : 15	56 204		
					Charles in the St
Total Oile	ı Adjustınc		36204		

#### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	and the second				
Dotal Unall	owable Bu	ddde theers (			

### F. Statement of Revenue

Name of Facility Spectrum Healthcare Torrington	License No. 2248		Report for Y 9/30/2015	ear Ended		Page of 30   37
	Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine						
1. a. Medicaid Residents (CT onl.		\$	12,232,522	12,232,522		
b. Medicaid Room and Board	Contractual Allowance **	\$	(4,954,209)	(4,954,209)		:
2. a. Medicaid (All other states)		\$				
b. Other States Room and Boar		\$				
3. a. Medicare Residents (all incl		\$	2,762,715	2,762,715		
b. Medicare Room and Board (		. \$	672,321	672,321		
4. a. Private-Pay Residents and O		\$	1,427,975	1,427,975		
b. Private-Pay Room and Board	d Contractual Allowance **	\$	(3,362):	(3,362)		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medica	re	\$	403,125	403,125		
b. Prescription Drugs - Medica	re Contractual Allowance **	\$	(403,125)	(403,125)		
c. Prescription Drugs - Non-Mo	edicare	\$	140,128	140,128		
d. Prescription Drugs - Non-Mo	edicare Contractual Allowance **	\$	(140,128)	(140,128)		
2. a. Medical Supplies - Medicare		\$	4,982	4,982		
b. Medical Supplies - Medicare	Contractual Allowance **	\$	(4,982)	(4,982)		
c. Medical Supplies - Non-Med	licare	\$	1,452	1,452		
d. Medical Supplies - Non-Med	licare Contractual Allowance **	\$	(1,452)	(1,452)		
3. a. Physical Therapy - Medicare		\$	1,014,318	1,014,318		
b. Physical Therapy - Medicare	Contractual Allowance **	\$	(867,675)	(867,675)		
c. Physical Therapy - Non-Med	icare	\$	211,606	211,606		
d. Physical Therapy - Non-Med	icare Contractual Allowance **	\$	(211,606)	(211,606)		
4. a. Speech Therapy - Medicare		\$	35,713	35,713		
b. Speech Therapy - Medicare C	Contractual Allowance **	\$	(28,250)	(28,250)		
c. Speech Therapy - Non-Medic		\$	14,020	14,020		
d. Speech Therapy - Non-Medic		\$	(14,020)	(14,020)		
5. a. Occupational Therapy - Med		\$	916,174	916,174		
b. Occupational Therapy - Med		\$	(786,525)	(786,525)		······································
c. Occupational Therapy - Non		\$	178,741	178,741	·····	
	-Medicare Contractual Allowance **	\$	(178,741)	(178,741)	***	
6. a. Other (Specify) - Medicare		\$	(11031117	(170)/11/		
b. Other (Specify) - Non-Medic	are	\$				
II. Total Resident Revenue (Section			12,421,718	12 421 718		<del>v</del>
V. Other Revenue*			12,421,710			
1. Meals sold to guests, employees	& others	\$				
Rental of rooms to non-residents						
Telephone		\$	. : .	<del></del>		
Rental of Television and Cable S	emices					
5. Interest Income (Specify)	M 41009	\$ \$		- ,		
6. Private Duty Nurses' Fees			4	4	- 1	7414
7. Barber, Coffee, Beauty and Gift :	zhone	-\$			1	· · ·
8. Other (Specify)	Situps	\$		0.555		
7. Total Other Revenue (1 thru 8)		\$	3,029	3,029		
· · · · · · · · · · · · · · · · · · ·		\$	3,033	3,033		
I. Total All Revenue (III+V)		\$	12,424,751	12,424,751		

<sup>\*</sup> Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

<sup>\*\*</sup> Facility should report all contractual allowances and/or payer discounts.

#### Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref Description	CCNH	RHNS	(Specify)
			TERRORICHEMENTOCHNER
			richinazi dan bandan bandan bandan bandan bandan bandan bandan bandan bandan bandan bandan bandan bandan banda
Notal Other Resident Revenue: Medicare	S. House Branch	<b>S</b> SEEDERHUS	\$

#### Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref Description	CCNH	RHNS	(Specify)
		odrevednik i ida 62. Martina	
		atemioschikeikeininin 651	THE PROPERTY OF THE PROPERTY OF THE
Total Offici Rasident Revenue		O PER PER PER PER PER PER PER PER PER PER	

#### Interest Income

#### Account

Page Ref Account	Balance	CCNH	RHNS	(Specify)
		and the last the last of the same		
			denesia poma	
Total interest income		8 1 1 1 1 1 1 1 1 1 1 1 1		

#### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Andre de la companya de la companya de la companya de la companya de la companya de la companya de la companya Esta de la companya de la companya de la companya de la companya de la companya de la companya de la companya			
		kalalahan 74:		
		2955		
I beath water of free all by				
Total Offic	i Revenue	CONTRACTOR OF THE	<b>S</b>	8

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Pag	
Spectrum Healthcare Torrington	2248	9/30/2015	31	37
1	Account			Amount
Assets				
A. Current Assets	7 \			
1. Cash (on hand and in ba	·	0 7 17 1.	\$	(185,727
2. Resident Accounts Rece			\$	3,406,879
Other Accounts Receival     Inventories	ole (Excluding Owners	or Related Parties)	\$	(3,152
5. Prepaid Expenses			\$	201.01/
a. Prepaid - Insurance		201.016	\$	381,016
b.		381,016		
c.	<u> </u>			
d.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································		
6. Interest Receivable			\$	
7. Medicare Final Settlemen	nt Receivable		\$	
8. Other Current Assets (ite		7# A	\$	32,580
Deposits - Other		32,580	φ σ	<i>32,3</i> 00
	2 °-11			
A-9. Total Current Assets (Lines	A1 thru 8)		\$	3,631,595
B. Fixed Assets	111 1114 0)	·	Ψ	2,021,393
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	<del></del>
	Accum. Depreciat	ion Net	ΙΨ	
3. Buildings	*Historical Cost	1,259,340	\$	677,300
3	Accum. Depreciat		"	077,500
4. Leasehold Improvements	*Historical Cost	2013010 1101	\$	- <b>V</b>
•	Accum. Depreciat	ion Net	ľ	
5. Non-Movable Equipment			\$	
	Accum. Depreciat	ion Net		
6. Movable Equipment	*Historical Cost	611,181	\$	266,402
	Accum. Depreciat			
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciat	ion Net		
8. Minor Equipment-Not De			\$	
9. Other Fixed Assets (itemi:	ze)		\$	
	-			
10 7-4-170 12	Total (a)		]	
3-10. Total Fixed Assets (Lines	BI turu 9)		[\$	943,702

<sup>\*</sup> Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

## G. Balance Sheet (cont'd)

1	ne of Facility		License No.	Report for Year Ended		Page		of
Spe	ctrum Healthcare	Torrington	2248	9/30/2015		32	<u> </u>	37
			Account		<u> </u>	Am	ount	
				Total Brought Forward:	\$		4,575,	,297
C.		ke property reco	rded for Equity Purpose	es.	1.			
	1. Land				\$			
	2. Land Impro	vements	*Historical Cost					
	0 70 11 11		Accum. Depreciation	n Net	\$			
	3. Buildings		*Historical Cost					
	4 37 36 1	1	Accum. Depreciation	n Net	\$			
	4. Non-Moval	le Equipment	*Historical Cost		, a			
	6 3611. T		Accum. Depreciation	n Net	\$			
	5. Movable Ed	luipment	*Historical Cost					
	6 Mate 77-1:	_1	Accum. Depreciation	n Net	\$		<del></del>	
	6. Motor Vehi	cies	*Historical Cost	Not	٦			
	7 Minos Posi	nun ant Mat Dann	Accum. Depreciation	n Net	\$ \$	***		
C-8		pment-Not Depr d or Like Proper			\$		<del></del>	
<u>С-8</u> D.	Investment and	· · · · · · · · · · · · · · · · · · ·	nes (C1 thru /)		Þ			
<b>D</b> .	1. Deferred De				\$			
	2. Escrow Dep	-			\$			
	3. Organization		*Historical Cost	30,666	₽-			
	5. Organizatio	n Expense			\$		7	665
	4. Goodwill (P	urchased Only)	Accum. Depreciation	1 25,001 NGI	\$			000
			lent Care (itemize)		\$			
	J. HIVOSIMOMO	ACTURED TO ICOM	icht Carc (tiemize)					
	6 Loans to Ov	vners or Related	Parties (itemize)		\$		2,552,	969
-		e and Address	Amount	Loan Date				
	144111	O third Preparess	Famoune	LAMI Date				
			· ·					
	Winsted/	Spectrum	2,552,969					
	7. Other Asset				\$	N-SO-STANDARD COLUMN	OF STATE OF STATE OF	Kennuer
		` '						
	<del></del>	, , , , , , , , , , , , , , , , , , , ,						
D-8.	Total Investmen	nts and Other As	ssets (Lines D1 thru 7)		\$	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	2,560,	634
	Total All Assets				\$		7,135,	

<sup>\*</sup> Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

### G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year I	Ended	Page	of	
Spectrum H	ealtho	care Torrington	2248	9/30/2015		33	37
			Account			A	mount
Liabilities							
A.	Cu	rrent Liabilities					
	1.					\$	1,088,570
	2.	Notes Payable (itemize)				\$	
		·					
			·				
		T			2		
<u> </u>	3.	Loans Payable for Equipm		······································	<del></del>	\$	
		Name of Lender	Purpose	Amount	Date Due		
			]				
			`				
***************************************	4.	Accrued Payroll (Exclusive	of Owners and/or S	Stockholders only)	1 8	}	355,676
	5.	Accrued Payroll (Owners a	nd/or Stockholders	only)		<u> </u>	······································
	6.	Accrued Payroll Taxes Pay	able	, - (+ (+ (+ (+ (+ (+ (+ (+ (+ (+ (+ (+ (+	5	<u> </u>	12,504
		Medicare Final Settlement			5	<u> </u>	
	8.	Medicare Current Financing	g Payable		5	8	
	9.	Mortgage Payable (Current	Portion)		9	\$	
	10.	Interest Payable (Exclusive	of Owner and/or Re	lated Parties)	3	6	· · · · · · · · · · · · · · · · · · ·
		Accrued Income Taxes*			3	}	
	12.	Other Current Liabilities (it	emize)		9	5	1,526,799
	,	Accrued Property Taxes	256,3	34 Accrue State Provider Ta	494,592		
•		Accrued Interest	14,9	75 Property Liability Insura	r 258,053		
		Accrued Other Expenses	395,7	92 Accrued Rent	112,500		
		Resident Refunds	(9,4	92) Prepaid-Other Expenses	4,045		
A-13.	Tota	al Current Liabilities (Line	s A1 thru 12)		[\$	3	2,983,549

<sup>\*</sup> Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Yea	r Ended	Page	of
Spectrum Healthcare Torrington	2248	9/30/2015		34	] 37
	Account	,		Ar	nount
		Total Broug	ght Forward:		2,983,549
Liabilities (cont'd)					
B. Long-Term Liabilities					
<ol> <li>Loans Payable-Equipment</li> </ol>	nt ( <i>itemize</i> )		\$		
Name of Lender	Purpose	Amount	Date Due		
	·				
2. Mortgages Payable			1		
3. Loans from Owners or Ro	loted Parties (itamira)		\$  \$		2 272 256
Name and Address of Lender	Amount	Loan D			2,373,356
Traine and Address of Lender	Amount	Loan L	vale		
Hartford	2214250	ĺ			
Hardord	2,314,358				
<b>**</b>					
Derby/Manchester/Anson	1				
а	58,998				
4. Other Long-Term Liabilit			\$	Marie Marie Constitution	1,828,560
Working Capital Line of C	Credit	1,841,439			
Due Prior Owner	<del></del>	(12,879)			
			·		
The entry of the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the s	/T ! 204 .1 4\				
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)		\$		4,201,916
C. Total All Liabilities (Lines A	-12 + R-2)		\$		7,185,465

### G. Balance Sheet (cont'd) Reserves and Net Worth

1	ne of Facility	License No.	Report for Year Ended	Pa	ge of
Spe	ctrum Healthcare Torrington	2248	9/30/2015	35	37
_	D	Account	· · · · · · · · · · · · · · · · · · ·		Amount
A.	Reserves				
ļ	1. Reserve for value of leased	land		\$	
	2. Reserve for depreciation val	lue of leased build	ings and appurtenances		
	to be amortized			\$	1,205,140
	3. Reserve for depreciation val	lue of leased perso	onal property (Equity)	\$	207,904
	4. Reserve for leasehold real p	roperties on which	n fair rental value is based	\$	
•	5. Reserve for funds set aside a	as donor restricted		\$	
	6. Total Reserves			\$	1,413,044
В.	Net Worth				
	1. Owner's Capital			\$	
	2. Capital Stock		***************************************	\$	******
	3. Paid-in Surplus	···		\$	
	4. Treasury Stock			\$	***************************************
	5. Cumulated Earnings			\$	(1,167,603)
	6. Gain or Loss for Period	10/1/20	14 thru 9/30/2015	\$	(294,974)
	7. Total Net Worth			s · · ·	(1,462,577)
J	Total Reserves and Net Worth			\$	(49,533)
).	Total Liabilities, Reserves, and	Net Worth		\$	7,135,932

# H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year	Ended	Page	of		
Spectrum Healthcare Torrington		2248	9/30/2015		36	37		
	Account					Amount		
A.	Balance at End of Prior Period as shown on Report of 09/30/2014					(1,182,149)		
	B. Total Revenue (From Statement of Revenue Page 30)					12,424,751		
	J 1					12,719,725		
	Net Income or Deficit			9	)	(294,974)		
	Balance			\$	3	(1,477,123)		
	Additions  1. Additional Capital Contributed  2. Other (itemize)	(itemize)						
	Total Additions Deductions			\$				
]	1. Drawings of Owners/Operators/Partners (Specify)							
,	Name and Address (No., City,		Title	Amount				
2	2. Other Withdrawings (Specify)					10-2-MATERIAL 2010		
	Purpose		Amount					
	· .			\$				
3. Total Deductions								
H. 1	Balance at End of Period	09/30/	15	\$		(1,477,123)		

# I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of					
Spectrum Healthcare Torrington	2248	9/30/2015	37	37					
Check appropriate category									
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)							
Preparer/Reviewer Certification									
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.									
Signature of Preparer	Title	Date Signed							
Demos Econgeliste	Accounting Manager	2/1/16							
Printed Name of Preparer									
Gennaro Evangelista									
Addres Address	Phone Number								
27 Naek Rd., Vernon, CT 06066		860-871-5454							